



# Indiana Department of Education

SUPPORTING STUDENT SUCCESS

## PROFESSIONAL DEVELOPMENT RENEWAL INFORMATION & VERIFICATION FORM

### EDUCATOR'S BACKGROUND INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Active License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_

If there are additional licenses you want to renew, please provide the information listed below:

License Number	Type	Expiration date
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### To Be Completed by Applicant and Person Responsible for Local Verification

This portion is to be completed if Applicant is employed in an Indiana School at the time of Application. Applicant and Administrator must initial appropriate statements.

Renewal application will not be processed without both initials.

Applicant	Administrator
_____	_____
	I attest that none of the above activities were submitted as part of a previous renewal requirement.

_____	I maintain a file which contains supporting documentation of the above activities.
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_____	The above activities were completed during the period I supervised the applicant. (if applicable)
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**\*( Documentation of experiences is NOT to be sent to the Indiana Department of Education/Office of Educator Licensing and Development)\***

Signature of Applicant	Name of School	Date
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Signature of Administrator	Name of School	Date
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Telephone number	Email
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**This completed form is to be sent with the application materials for license renewal.**